EXTENDED TO NOVEMBER 15, 2019

Form **990**Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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2018
Open to Public Inspection

Form 990 (2018)

Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending C Name of organization Check if applicable: D Employer identification number Address change ONE NATION Name chance 27-1937961 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 45 N HILL DRIVE, STE. 100 202-706-7051 City or town, state or province, country, and ZIP or foreign postal code 58,159,876. G Gross receipts \$ WARRENTON, VA 20186 H(a) Is this a group return F Name and address of principal officer; STEVEN LAW JYes 🗓 No for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) X 501(c) (4) ◀ (insert no.) If "No," attach a list, (see instructions) J Website: ► WWW.ONENATIONAMERICA.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > Year of formation: 2010 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: ONE NATION IS ENGAGED IN PUBLIC Governance COMMUNICATIONS AND DIRECT CONTACT WITH INTERESTED CONSTITUENCIES TO Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 5 Total number of volunteers (estimate if necessary) 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 78 b Net unrelated business taxable income from Form 990-T, line 38 0. Prior Year Current Year Contributions and grants (Part VIII, line 1h) 58,128,899. 16,740,900. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 173,526. 30,977. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 16,914,426. 58,159,876. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 500,000. 3,800,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ō. ٥. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 524,980. 447,165. 16a Professional fundralsing fees (Part IX, column (A), line 11e) 233,750. 632,500. b Total fundraising expenses (Part IX, column (D), line 25) 729,671. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,228,015 59,230,140. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>6,486,</u>745. <u>64,109,805.</u> 19 Revenue less expenses. Subtract line 18 from line 12 10,427,681 -5,<u>949,929</u>. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 12,825,086. 6<u>,875,15</u>7. 21 Total liabilities (Part X, line 26) 0. 0. Net assets or fund balances. Subtract line 21 from line 20 12,825,086. 6,875,157. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer Jother than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign STEVEN LAW PRESIDENT & CEO Here Type or print name and title Print/Type preparer's name Preparer signature PTIN Paid RENAE DUNCAN 11/6/19 Chri Line P01257722 Preparer Firm's name ATCHLEY & ASSOCIATES, LLP Firm's EIN 🛌 74-2920819 Use Only Firm's address ▶ 1005 LA POSADA DRIVE AUSTIN, TX 78752 Phone no. (512)346-2086 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

Forn	n 990 (2018) ONE NATION	27-1937961	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission;		
	ONE NATION IS A NON-PROFIT PUBLIC POLICY ADVOCACY ORGANI	ZATION THAT	IS
	DEDICATED TO EDUCATING, EQUIPPING, AND ENGAGING AMERICAN	CITIZENS TO	,
	TAKE ACTION ON IMPORTANT ECONOMIC AND LEGISLATIVE ISSUES	THAT WILL	
	SHAPE OUR NATION'S FUTURE. THE VISION OF ONE NATION IS T	O EMPOWER	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	, ,	
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 39,241,083. including grants of \$) (Rever	use S)
	THE ORGANIZATION CONDUCTS PUBLIC COMMUNICATIONS AND BUILD		S
	TO INFLUENCE POLICYMAKING OUTCOMES THROUGH GRASSROOTS MO		
	ADVOCACY. THE FOCUS OF THESE ADVOCACY EFFORTS MAY INCLUD		
	BUDGET PRIORITIES, REGULATIONS, PUBLIC HEARINGS AND INVE	STIGATIONS.	AND
	OTHER POLICYMAKING ACTIVITIES. THE ORGANIZATION ALSO ENG		
	TO PARTICIPATE IN GRASSROOTS ADVOCACY ON PENDING LEGISLA		
	THROUGH PAID ADVERTISING, MAILINGS, E-MAILS, AND WEB-BAS		
	TOOLS.	ED ADVOCACI	
			
	The state of the s		

4b	(Code) (Expenses \$ 3,800,000. including grants of \$ 3,800,000.) (Rever		
	THE ORGANIZATION PROMOTES SOCIAL WELFARE PURPOSES OF NON	DDODITO SAIC	/
	GROUPS THAT SHARE SIMILAR MISSIONS.	PROFIT SUIC	
	GROOF THAT BIRKE STATURE MISSIONS.		·····
			
	- Comment Make way		
		······································	
			_
4c	(Code:) (Expenses \$1, 288, 038. including grants of \$) (Reven	ue \$)
	ONE NATION CONDUCTS RESEARCH TO DETERMINE HOW VARIOUS DE	MOGRAPHIC	
	GROUPS RESPOND TO CURRENT NATIONAL POLICY ISSUES, WHAT P	RIORITIES AN	D
	CONCERNS THEY HAVE, AND WHICH PUBLIC POLICY ISSUES THEY	MIGHT BE MOS	T
	INCLINED TO TAKE ACTION ON THROUGH GRASSROOTS PARTICIPAT	ION. ONE NAT	ION
	ALSO SPONSORS IN-DEPTH POLICY RESEARCH ON SIGNIFICANT IS	SUES,	
	ESPECIALLY THOSE THAT ARE CURRENTLY UNDER-REPORTED BUT A	RE LIKELY TO	
	HAVE A SUBSTANTIAL IMPACT ON GOVERNMENT POLICYMAKING IN	THE FUTURE.	
			-
4d	Other program services (Describe in Schedule O.)		
- -	(Expenses \$ including grants of \$) (Revenue \$	1	
4e	Total program service expenses 44,329,121.		
		co 0	90 (2018)
		rom a	-v (2015)

	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		X
	if "Yes," complete Schedule A	2	X	- 22
	Is the organization required to complete Schedule B, Schedule of Contributors?	-		-
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3	х	
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
		4	N/	A
	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	7_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		
	provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete			
•	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? # "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	L	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ŀ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		۔۔ ا	1
	If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ĺ		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	_ ا		₩
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	 -	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1.		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	 	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		x	
4-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	╁	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
40	1c and 8a? If 'Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,"	10	\vdash	1
19		19	1	x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If 'Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\vdash	†
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1 -	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	x	
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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		l
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete			l
		25b		х
**	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	100		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # 'Yes,"			
		26		х
	complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ļ	i
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		х
	of any of these persons? If "Yes," complete Schedule L, Part III	21		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-	1	- V
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	 ^-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ļ	
	contributions? If 'Yes,' complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes, 'complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	—	—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			,
	If "Yes," complete Schedule R, Part V, line 2	36	N/	<u>A</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1.	
	Note. All Form 990 filers are required to complete Schedule O	. 38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
		—	Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	23	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	- 1	į	
	(gambling) winnings to prize winners?	1c	X	Щ.
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ĺ
	filed for the calendar year ending with or within the year covered by this return 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	·		i
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
ь	If "Yes," enter the name of the foreign country: >		: :	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
Ç	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			1
	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
b	If 'Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	_		1
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	.7f	N/	<u></u>
g	tf the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	TA/	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	В		ľ
_	Sportering 3	-		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a	1	
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b	 	
10	bid alo apondoring organization management of the property of	<u> </u>		1
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	İ		
8	Gross receipts, included on Form 990, Part Vill, line 12, for public use of club facilities	1	1	1
11	Section 501(c)(12) organizations. Enter:	1	1	1
''a	Gross income from members or shareholders N/A 11a		1	i
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
~	amounts due or received from them.)]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	
a	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	ļ	₩
	Note. See the instructions for additional information the organization must report on Schedule O.			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the]		1
	organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	 	1	
14a	· · · · · · · · · · · · · · · · · · ·	14a	1	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	+-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1		
	excess parachute payment(s) during the year?	15	+	X
	If "Yes," see instructions and file Form 4720, Schedule N.		1	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	+	A
	If "Yes," complete Form 4720, Schedule O.	l Fami	- 000	12018

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Par		No" re	spons	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 2			
10	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
Þ	Elifet the utilities of voting members included in the 1st apply the decimendary			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			X
	officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		₹.
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization s assets?	5_		X
6	Did the organization have members or stockholders?	6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			i
•-	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			į
~	persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8		8a	X	ĺ
2	The governing body? Each committee with authority to act on behalf of the governing body?	8b	Х	
þ				$\overline{}$
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
		10a	163	X
10a	Did the organization have local chapters, branches, or affiliates?	IOA		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	l	_v	١
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	128	X	⊢
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		├─-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		١	1
	in Schedule O how this was done	12c	X	Ь—
13	Did the organization have a written whistleblower policy?	13	X	Ь—
14	Did the organization have a written document retention and destruction policy?	14	X	↓
15	Did the process for determining compensation of the following persons include a review and approval by independent	1	1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]	1	
	The state of the Director and a management official	15a		X
a	Other officers or key employees of the organization	15b		X
O	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ļ		
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
108	taxable entity during the year?	16a	1	X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		
þ	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
		16b	1	
<u></u>	exempt status with respect to such arrangements?	1 100		
260	List the states with which a copy of this Form 990 is required to be filed NONE			
17	List the states with which a copy of this form see to require to the man y		- المرجم	hlo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s oruy)	avalia	DIG
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	I finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CALEB CROSBY - 202-706-7051			
	45 N HILL DRIVE, STE. 100, WARRENTON, VA 20186			
8320	D6 12-31-18	For	n 99 0	(2018)

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ONE NATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organizate (A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do not check m		Position (do not check more than one box, unless person is both an		Reportable	Reportable	Estimated		
	hours per	box om	untes ceran	is per d a di	son i recto	s both r/trus	an ee)	compensation from	compensation from related	amount of other
	week (list any					Ĺ		the	organizations	compensation
	hours for	Individual Inustee or director				<u> </u>		organization	(W-2/1099-MISC)	from the
	related	ě	흻			15E		(W-2/1099-MISC)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization
	organizations	ž	instilutional trustee		ağ.	ed i				and related
	below	3	e e	*	Key employee	2 2 2	- 15			organizations
	line)	출	instil	Officer	ğ	Highesi compensated employee	Pormer			
(1) BOBBY BURCHFIELD	1.00									
BOARD MEMBER	1.00	x						0.	0.	0.
(2) SALLY VASTOLA	1.00	Г								
BOARD MEMBER	1.00	x	_					0.	0.	0.
(3) CALEB CROSBY	10.00									_
SECRETARY/TREASURER	10.00		<u>L</u>	Х			L	52, <u>000</u> .	52,000.	0.
(4) STEVEN LAW	15.00]			1					}
PRESIDENT & CEO	5.00	L	L_	Х	L.	L	_	147,400.	236,000.	4,950
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Form 990 (2018)

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27-1937961 Page 8 ONE NATION Form 990 (2018) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (A) Position Average Reportable Reportable Estimated Name and title (do not check more than one box, unless person is both ar hours per amount of compensation compensation officer and a director/trus week from from related other flist any organizations compensation the hours for (W-2/1099-MISC) from the organization Irustee or d related organization (W-2/1099-MISC) nstitutional tuste organizations and related ey employee organizations helow Officer 199,400. 288,000. 4,950. th Sub-total 0. 0. c Total from continuation sheets to Part VII, Section A 288,000. 4,950. 199,400. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on Х 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Description of services Compensation Name and business address MAIN STREET MEDIA GROUP 28,514,216. P.O. BOX 25093, ALEXANDRIA, VA 22313 MEDIA SERVICES ARENA ONLINE, 1780 W. SEQUOIA VISTA 2,479,295. CIRCLE, SALT LAKE CITY, UT 84104 MEDIA SERVICES ARENA COMMUNICATIONS, 1780 W. SEQUOIA 1,675,599. VISTA CIRCLE, SALT LAKE CITY, UT 84104 MEDIA SERVICES CROSS SCREEN MEDIA LLC, 127 S PEYTON ST, 1,497,789. STE 301, ALEXANDRIA, VA 22314 MEDIA SERVICES INTEGRATED CAMPAIGN SOLUTIONS 1210 ALFONSO AVE, CORAL GABLES, FL 33146 DONOR DEVELOPMENT 565,000.

Total number of independent contractors (including but not limited to those listed above) who received more than

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25

Form 990 (2018)

\$100,000 of compensation from the organization

27-1937961 ONE NATION Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function husiness revenue revenue 1 a Federated campaigns 1b b Membership dues ic Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and 58,128,899 similar amounts not included above Noncash contributions included in lines la. If: \$ 58,128,899 h Total. Add lines 1a-1f Business Code f All other program service revenue o Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses ... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** VENDOR REFUNDS 900099 30,977, 30,977 11 a

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d All other revenue

e Total. Add lines 11a-11d Total revenue. See instructions 30,977.

30,977.

58,159,876.

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Form 990 (2018) ONE NATION
Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons	Se of note to any line in to	IIS PART IA	(C)	(D)
Эо п Рь, в	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,800,000.	3,800,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				+ +
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		1		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		2.2.4.5.6	104 430	63 606
7	Other salaries and wages	398,264.	210,136.	124,432.	63,696
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			16 000	
9	Other employee benefits	16,809.	44.000	16,809.	E 133
Ю	Payroll taxes	32,092.	16,932.	10,027.	5,133
11	Feas for services (non-employees):				
а	Management				
b	Legal	240,499.	240,499.	50 050	
c	Accounting	72,270.		72,270.	
d	Lobbying	· · · · · · · · · · · · · · · · · · ·			620 F00
0	Professional fundraising services. See Part IV, line 17	632,500.			632,500
f	Investment management fees				
9					
	column (A) amount, list line 11g expenses on Sch 0.)	1,649,046.	1,649,046.		
12	Advertising and promotion			10 050	203
13	Office expenses	12,360.	19.	12,058.	283
14	Information technology	15,676.	3,805.	9,621.	2,250
15	Royalties				
16	Occupancy	110,199.		110,199.	00 554
17	Travel	29,930.	153.	6,106.	23,671
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				5.4.0
19	Conferences, conventions, and meetings	6,299.	953.	4,498.	848
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .	134,993.		134,993.	
24	Other expenses, Itemize expenses not covered				
	above, (List miscellaneous expenses in line 24e. If I ne 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а		37,092,339.	37,092,339.		
t	POLITICAL INDIRECT	18,550,000.		18,550,000.	
•		486,367.	486,367.		
C	LIST RENTAL	466,500.	466,500.		4 000
e	All other expenses	363,662.	362,372.	10056 545	1,290
25	Total functional expenses. Add lines 1 through 24e	64,109,805.	44,329,121.	19,051,013.	729,671
26	Joint coats. Complete this line only if the organization	-		 	
	reported in columa (B) joint costs from a combined			1	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-729)				Form 990 (20

	Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year	(B) End of ye	ar
1	Cash - non-interest-bearing	12,825,086.	6,875,	,157
2	Savings and temporary cash investments		2	
1	Pledges and grants receivable, net		3	
3	Accounts receivable, riet		4	
1 2	Loans and other receivables from current and former officers, directors,			
5	trustees, key employees, and highest compensated employees. Complete			
			5	
١.	Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under			
6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
1	employers and sponsoring organizations of section 501(c)(9) voluntary			
		1.	6 l	
1_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		7	
7	Notes and loans receivable, net		8	
8	Inventories for sale or use		9	
9	Prepaid expenses and deferred charges	·	* 	
102				
_	basis. Complete Part VI of Schedule D	- 1.	10c	
	Less: accumulated depreciation 10b		11	
11	Investments - publicly traded securities		12	
12	Investments - other securities. See Part IV, line 11		13	
13	Investments - program-related. See Part IV, line 11		14	
14	Intangible assets		15	
15	Other assets. See Part IV, line 11	4 4 4 4 4 4	16 6,875	157
16	Total assets. Add lines 1 through 15 (must equal line 34)		17	, + <u>-</u> ,
17	Accounts payable and accrued expenses		18	
18	Grants payable		19	
19	Deferred revenue		20	
20	Tax-exempt bond liabilities		21	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		<u> </u>	
22	Loans and other payables to current and former officers, directors, trustees,	1		
	key employees, highest compensated employees, and disqualified persons.	1	00	
1	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	(
26	Total liabilities. Add lines 17 through 25	·	26	
	Organizations that follow SFAS 117 (ASC 958), check here	1 [
: [complete lines 27 through 29, and lines 33 and 34.	12,825,086.	6,875	15
27 28 29 30 31 32	Unrestricted net assets			1
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	·	29	
:	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.		an	
30	Capital stock or trust principal, or current funds		30 31	
31	Paid-in or capital surplus, or land, building, or equipment fund		32	
32	Retained earnings, endowment, accumulated income, or other funds	12,825,086.	£ 005	15
~	Total net assets or fund balances	12,825,086.	4 4 5	
34	Total liabilities and net assets/fund balances	1 14,043,000.		90 (20

Total revenue (must equal Part VII), column (A), line 12)	Form	990 (2018) ONE NATION	27-	<u> 1937961</u>	Pa	_{3e} 12			
Total revenue (must equal Part XIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Prior period adjustments Donated services and use of facilities Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments Prior period adjustments and search of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Net assets or fund balances (explain in Schedule 0) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Cother (If the organization changed its method of accounting from a prior year or checked Other, explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If Yes	Par	t XI Reconciliation of Net Assets				_			
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 4 Nat assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Check if Schedule O contains a response or note to any line in this Part XII 11 Accounting method used to prepare the Form 990: 12 X Cash Accrual Column (B) 12 Accounting method used to prepare the Form 990: 13 Cash Accrual Column (B) 13 Accounting method used to prepare the Form 990: 14 Cash Accrual Column (B) 14 Accounting method used to prepare the Form 990: 15 Cash Accrual Column (B) 15 Accounting method used to prepare the Form 990: 16 Cash Accrual Column (B) 16 Accounting method used to prepare the Form 990: 17 Cash Accrual Column (B) 17 Accounting method used to prepare the Form 990: 18 Cash Accrual Column (B) 18 Yes, Check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 19 Both consolidated and separate basis 20 Experiate basis Consolidated basis Detho consolidated and separate basis 21 Consolidated basis Consolidated and separate basis 22 Experiate basis Consolidated basis Detho consolidated and separate basis 22 Experiate basis Consolidated basis Detho consolidated and separate basis 22 Experiate basis Consolidated basis Detho consolidated and separate basis 22 Experiate basis Consolidated basis Detho consolidated and separate basis 25 Experiate basis Consolidated basis Detho consolid		Check if Schedule O contains a response or note to any line in this Part XI							
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Revenue less expenses. Subtract line 2 from line 1	1	Total revenue (must equal Part VIII, column (A), line 12)							
Net assets or fund belances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Net reperiod adjustments Other changes in net assets or fund belances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and QMB Circular A-133? If the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo	2	Total expenses (must equal Part IX, column (A), line 25)							
S Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (E)) 10 Column (E)) 11 Accounting method used to prepare the Form 990: X Cash Accrual Other (If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 11 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Ocnsolidated basis Both consolidated and separate basis. 12 Experts to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation or distance in the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," cided the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 2	3	Treserve to a superior of the superior							
B Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		12,82	5,0	86.			
Prior period adjustments Prior period adjust	5	Net unrealized gains (losses) on investments							
Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other, explain in Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked Other, explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis. Both consolidated and separate basis consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c' If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis c' If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not underg	8	Donated services and use of facilities	· · · · · ·	·					
Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 6 , 875 , 157 . Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked Other, explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 Yes No 2a X 1 Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b Separate basis Consolidated basis Both consolidated and separate basis 5 Were the organization's financial statements audited by an independent accountant? 1 Yes, check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2c X 1 Yes to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 1 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and QMB Circular A-133? 3a X 5 If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b In the contain the sasets of the same and the same and the countergo such audits 3c X	7	Investment expenses	 						
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other	8								
Column (B)) Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked Other, 'explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	9	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>			
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked Other, 'explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits. explain why in Schedule O and describe any steps taken to undergo such audits 3b In the organization of the such audit and the organization audits and the organization of the required audit or audits? If the organization did not undergo the required audit or audits.	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	[c 00	- 1				
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Yes No	Par					(Ter			
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## If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. ## Were the organization's financial statements compiled or reviewed by an independent accountant? ## "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ## Separate basis					103	NO			
Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A:133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1	Accounting method used to prepare the Form 990: (A) Cash Accrual Other			ţ				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and QMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			O .			v			
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A:133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	2a			<u> 23</u>		<u> </u>			
Separate basis			on a						
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Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			basis,						
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	¢		e audit,	2] _X				
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Act and QMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits. 3a X 3 X 3b 3b	_			.					
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits. 3b	За		igie Audi			Ιχ			
or audits, explain why in Schedule Q and describe any steps taken to undergo such audits 35			irad audi		†				
or audits, explain why in schedule of and describe any steps taxen to undergo such addits.	Đ		iou audi			1			
Form 990 (2018)		or audits, explain why in Schedule O and describe any steps taken to univergo such audits			990	(2018)			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.
➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of t	he organization			Employer identification number			
	ON	IE NA'	rion	27-1937961			
Organiza	tion type (check or	ne):					
Filers of:		Section	n:				
Form 990	or 990-EZ	X 5	01(c)(4) (enter number) organization				
		□ 4	947(a)(1) nonexempt charitable trust not treated as a private foundation				
		<u> </u>	27 political organization				
Form 990	.PF	<u> </u>	01(c)(3) exempt private foundation				
		□ 4	947(a)(1) nonexempt charitable trust treated as a private foundation				
		ē	i01(c)(3) taxable private foundation				
			t by the General Rule or a Special Rule. r (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General I	Rule						
	•	-	orm 990, 990-EZ, or 990-PF that received, during the year, contributions totaling tributor. Complete Parts I and II. See instructions for determining a contributor				
Special F	Rules						
:	sections 509(a)(1) a any one contributo	and 170(or, during	red in section 501(c)(3) filling Form 990 or 990-EZ that met the 33 1/3% support b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount complete Parts I and II.	or 16b, and that received from			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter f purpose. Don't col	s <i>exclusi</i> t here the implete a	need in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from rely for religious, charitable, etc., purposes, but no such contributions totaled material total contributions that were received during the year for an exclusively religious religious of the parts unless the General Rule applies to this organization because it contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc.,			
but it mu	ist answer "No ' on	n Part IV,	covered by the General Rule and/or the Special Rules doesn't file Schedule B (F line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018) rganization	Fmn	oyer identification number
Marme or o	rgainzairon	1	
ONE N	ATION		7-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part Life	additional space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		s250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		sss	Person X Payroll Noncash (Complete Part I) for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		s25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		s 10.000.	Person X Payroll Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of or	rganization		Employer identification number
ONE NA	ATION		27-1937961_
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
13		\$ 300,0	Person X Payrol! Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
14_		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
15		s 5,0	Person X Payroil Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
16		s5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributio	(d) ns Type of contribution
17		s100,0	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
18		\$ 100,0	Person X

16

09276__1

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

	B (Form 990, 990-EZ, or 990-PF) (2018) organization		Employer identification number
ONE NATION			27-1937961
ONE N. Part I	ATTION Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	27-1937901
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributi	(d)
19		ss,	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d)
20		\$5,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) Type of contribution
21		ss250,	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
22		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribut	(d) ions Type of contribution
23		ss	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribu	(d) tions Type of contribution
24		500	Person X Payroll

(Complete Part it for noncash contributions.)

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2018)

ONE	AT A IT	ፐ (ጎ)

ONE NATION 27-			-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		s 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		s450,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 114	7R-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer Identification number** ONE NATION 27-1937961 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 31 X Person Payroll 20,000. Noncesh (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 32 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (a) (c) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 33 Person Payroll 1,000,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 34 Person Payrol! 50,000. Noncash (Complete Part II for noncash contributions.) (d) (c) Type of contribution Total contributions No. Name, address, and ZIP + 4 Person 35 Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

1,500,000.

Person

Payroll

Noncash (Complete Part II for noncash contributions.)

36

823452 11-08-18

 \mathbf{X}

Employer identification number

ONE	NATION			

	ATION		7-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I it	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		ss	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		s 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$\\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
41		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.

ONE N	ATION	27	-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		s 10,000.	Person X Payrofl Noncesh (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		s 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		ssss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 8 823452 11-0	19.19	\$\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

27-1937961

NE N	ATION	27	-193 <u>79</u> 61
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ 600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53	·	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		s 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	<u>1</u>	Schedule B (Form	990, 990-EZ, or 990-PF)

ONE	NATION
I IN M.	MATERIAL SECTIONS

ONE NATION		27	-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		s25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
56		s 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$ \$	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		sss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		s1,000,000.	Person X Payroll Noncash (Complete Part It for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		s 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
R23452 11-4	OR. 18	Schedule B (Form	n 990, 990-EZ, or 990-PF) (2018

ONE	NATI	ON

NE NATION			-1937961
Part I Contri	butors (see instructions). Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		s20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		s <u>1,000,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		s10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		s500,000.	Person X Payroll

Page 2 Schedule 8 (Form 990, 990-EZ, or 990-PF) (2018) Employer Identification number Name of organization 27-1937961 ONE NATION Part I Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed. (a) (b) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 67 Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		ss	Person X Payroll Noncash [Complete Part II for noncash contributions.]
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s33,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		s150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) _ Total contributions	(d) Type of contribution
72		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08-18	25	Şchedule B (Form	990, 990-EZ, or 990-PF) (2018

16031106 796448 09276

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer Identification number Name of organization 27-1937961 ONE NATION Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 73 Person Payroli 100,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (b) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. 74 Person Payroll Noncash 25,000. \$ (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75		s <u>133,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76 _		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77 -		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$ 200,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
823452 11-08-18	26	Schedule B (Form	990, 990-EZ, or 990-PF) (2018
31106 7		ONE NATION	09270

Employer identification number 27-1937961 ONE NATION Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 79 Payroll 7,000,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person 80 Payroll 750,000. Noncash (Complete Part II for noncash contributions.) (¢) (a) (b) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person 81 Payroll 1,500,000. Noncash (Complete Part II for noncash contributions.) (d) fbì (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. Person 82 Payroll 2,000,000. Noncash (Complete Part II for noncash contributions.) Ш (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person 83 Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) Total contributions Type of contribution Name, address, and ZIP + 4 No. X84 Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule i	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
	rganization	Empl	yer identification number
ONE N	ATTOM	2'	7-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if a		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>85</u>		s 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		s50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87_		s40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		ssso,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		s 50,000.	Person X Payroll Noncash

823452 11-08-18

Schedule 8 (Form 990, 990-EZ, or 990-PF) (2018)

(Complete Part II for noncash contributions.)

ONE	NATION

ONE NA	TION	27	-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
91		\$10,000.	Person X Payroti Noncash (Complete Part il for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		s 2,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$ 10,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		s 6,000,000.	Person X Payrotl Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		ss	Person X Payroli Noncash (Complete Part II for nancash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		s 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ONE N	ATION	27	-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		s 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		s300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100		\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
101		\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		s 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-0	98-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

ONE N	E NATION 27-1937961			
Part I	Contributors (see instructions). Use duplicate copies of Part I if			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
103		s 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
104		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
105		\$250,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
106		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
107		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
108		s 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
823452 11-08	A-1A	Schadula R /Envis	990 990-E7 or 990-SE) (2018)	

	rganization	Emple	oyer identification number
ONE N	ATION	2'	7-1937961
Part I	Contributors (see instructions). Use duplicate copies of Part I if ac		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		s 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		s250,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_112		s 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		s 500,000.	Person X Payroll Noncash

32 2018.05000 ONE NATION

(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Employer identification number Name of organization 27-1937961 ONE NATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. X 115 Person Payroll 200,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 116 Person Payroll 150,000. Noncash (Complete Part II for noncash contributions.) (a) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 117 Person Payroli 12,000. Noncash (Complete Part II for noncash contributions.) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 118 Person Payroll 1,500,000. Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 119 Person Payroll 250,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Type of contribution Total contributions No. Name, address, and ZIP + 4 120 Person

5,400,000.

Payroll

Noncash (Complete Part il for noncash contributions.)

art II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. from Part I	(b) Description of nancash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of ore	ganization		Employer identification number			
ONE NA	ATION		27- <u>19379</u> 61			
Pert III	Exclusively religious, charitable, etc., contribution	through (e) and the following line enti- haritable, etc., contributions of \$1,000 or I	notion 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year, (Enterthis #15 axe) \$			
(a) No. from		·	(d) Description of how gift is held			
Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now girt is need			
		(e) Transfer of gift				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferoe			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, and ZiP + 4		Relationship of transferor to transferee			
(a) No. from Part i	(b) Purpose of gift	(c) Use of glift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gif	Relationship of transferor to transferee			

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treesury

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

 Section 501(c)(4), (5), or (6) organiza 	ations: Complete Part III.			
Name of organization			Emple	oyer identification number
ONE NAT	rion			27-1937961
Part I-A Complete if the or	ganization is exempt unde	er section 501(c) or	is a section 527 org	janization.
 Provide a description of the organi Political campaign activity expendi Volunteer hours for political campa 	itures	al campaign activities in I		18,550,000.
Part I-B Complete if the or	ganization is exempt und	er section 501(c)(3)		
1 Enter the amount of any excise tax	cincurred by the organization und	ler section 4955	▶\$	· · · · · · · · · · · · · · · · · · ·
2 Enter the amount of any excise tax	cincurred by organization manage	ers under section 4955	▶ \$	
3 If the organization incurred a section	on 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the or		tion EA1/a\	veent costion EA1/o	12)
L	-			<u> </u>
t Enter the amount directly expende		· · · · · · · · · · · · · · · · · · ·		
2 Enter the amount of the filing orga	nization's lunos contributed to oti	ner organizations for sect	100 527 • •	18,550,000.
exempt function activities 3 Total exempt function expenditure	se Add lines 1 and 2 Enter here a	nd on Form 1120-DOI		10,330,0001
line 17b	3. Add in les 1 and 2. Enter here a	110 0111 01111 11201 02,	► \$	18,550,000.
4 Did the filing organization file Form	n 1120-POL for this year?		• •	Yes X No
5 Enter the names, addresses and e made payments. For each organiz contributions received that were p political action committee (PAC). If	ation listed, enter the amount paid comptly and directly delivered to	d from the filing organizat a separate political organ	ion's funds. Also enter the ization, such as a separate	amount of political
(a) Name	(b) Address	(c) EiN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter O.
SENATE LEADERSHIP FUND	WARRENTON, VA 20186	47-2994920	18,550,000.	0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

SEE PART IV FOR CONTINUATION

Schedule C (Form 990 or 990-EZ) 2018 Q	NE NATION	ant under coeties	SECTIONS and file	27-1 d Form 5769 fold	937961 Page 2
Part II-A Complete if the organ section 501(h)).	nzation is exem	iipt under sectioi	i soricito) and me	a Porti 3700 (ele	ction altaer
A Check if the filing organization			Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	, -	•			•
	n checked box A ar on Lobbying Expe	nd "limited control" pro nditures	ovisions apply.	(a) Filing	(b) Affiliated group totals
		ints paid or incurred.)	organization's totals	totais
1a Total lobbying expenditures to influer	nce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influer	nce a legislative boo	ly (direct lobbying)			
c Total lobbying expenditures (add line	s 1a and 1b)				
d Other exempt purpose expenditures					
 Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter t	the amount from the	following table in bot	h columns.	·	
If the amount on line 1e, column (a) or (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,0	00 \$100,00	X) plus 15% of the exc	ess over \$500,000.		1 .
Over \$1,000,000 but not over \$1,500	,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		l i
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.	* *	
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	or less, enter -0-				
1 Subtract line 1f from line 1c. If zero or	r less, enter -0-				
j If there is an amount other than zero	on either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this ye	ar?				Yes No
100		eraging Period Under		5 sh - 55 h	-1
(Some organizations tha		U1(n) election do not ate instructions for li		t the five columns b	BIOW.
		nditures During 4-Ye			
	LODDYING EXPE	inditales Delaig 4-16	ar Averaging Ferrod		T
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					<u> </u>
c Total lobbying expenditures					
d Grassroots nontaxable amount					<u></u>
e Grassroots ceiling amount				:	
(150% of line 2d, column (e))				<u> </u>	
f Grassroots lobbying expenditures			<u> </u>		<u> </u>

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990 EZ) 2018 ONE NATION 27-1937961 Page 3 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			٠	
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i		<u> </u>		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				'
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?]	<u> </u>		
Part III-A Complete if the organization is exempt under section 501(c)(4), section	п 501(с)(5), or sec	tion	
501(c)(6).	. ****			
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	7 3	4:	
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	nat			
expenses for which the section 527(f) tax was paid).	•••			
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
expenditure next year?	V.11.VO.	4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A. lines 1 a	nd 2 (see	
nstructions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	•	`	
PART I-C CONTINUATION FOR INCOMPLETE NAME/ADDRESS INFO)RMATI	ON:		
SENATE LEADERSHIP FUND				
45 NORTH HILL DRIVE, STE 100 WARRENTON, VA 20186				
PART I-A, LINE 1:				
POLITICAL CONTRIBUTIONS.	0-1	A- 0 #	000 000	
	Sched	ule C (Form	1990 or 990)-EZ) 2

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ONE NATION

Employer Identification number 27-1937961

Pai	t I Organizations Maintaining Donor Advised Fo	unds or Other Similar Funds or A	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	<u></u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all denors and denor advisors in writing	ng that the assets held in donor advised fun	ds
	are the organization's property, subject to the organization's excl	•	
6	Did the organization inform all grantees, donors, and donor advis-	-	
_	for charitable purposes and not for the benefit of the donor or do	- •	•
	• •		
Par			
1	Purpose(s) of conservation easements held by the organization (c		•
	Preservation of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for public use (e.g., recreation or education of land for l	<u> </u>	/ important land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space	() y r root rand (at a garming)	
2	Complete lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of a or	prespection assement on the last
-	day of the tax year.	Conservation contribution at the form of 2 cc	Held at the End of the Tax Year
а	Total number of conservation easements		28
- A	Total acreage restricted by conservation easements	•	
-	•		2b
	Number of conservation easements on a certified historic structur		2c
a	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structure	11
_	listed in the National Register		20
3	Number of conservation easements modified, transferred, release	ed, extinguished, or terminated by the organ	ization during the tax
_	year >		
4	Number of states where property subject to conservation easeme		
5	Does the organization have a written policy regarding the periodic		
	violations, and enforcement of the conservation easements it hold		Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation ea	sements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170(h)(4)(B	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ea	asements in its revenue and expense staten	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes the org	anization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of Ar	t, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered 'Yes' on Form 990	, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 95	58), not to report in its revenue statement ar	d balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes t		
ь	If the organization elected, as permitted under SFAS 116 (ASC 98	58), to report in its revenue statement and b	alance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, educa		
	relating to these items:	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			▶ \$
2	If the organization received or held works of art, historical treasure		
-	the following amounts required to be reported under SFAS 116 (A		promot
а	Revenue included on Form 990, Part VIII, line 1	०० ४५५) र वाकाताचु १० सावश्य (IDINS).	▶ \$
b	Assets included in Form 990, Part X	the state of the s	→ \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990	Schedule D (Form 990) 2018
	10-29-18	t will 494.	Scriedule D (Form 990) 2018

	dule D (Form 990) 2018 ONE NAT		. 14	A-11	•		27-19	37961	Page 2
Pai									
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	signifi	cant u	se of its c	ollection it	ems
	(check all that apply):			_					
а	Public exhibition	d		change programs					
Ь	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	•	•	-			se in Part	XIII.	
5	During the year, did the organization solicit o							_	
_	to be sold to raise funds rather than to be ma						,	Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered "Yes"	on For	m 990	, Part IV, I	iine 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi		•		ot inclu	ıded	_	7	
	on Form 990, Part X?						L	Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		r				
					- }	\rightarrow		Amount	
C	Beginning balance					<u>1c</u>			
d	Additions during the year					1¢			
•	Distributions during the year					1e			
f	Ending balance				L	11			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or o	custodial account lia	bility?			Yes	No.
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete	if the organization an	swered "Yes" on F	orm 990, Part IV, lin					
		(a) Current year	(b) Prior year	(c) Two years back	((d)	Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance				_				
þ	Contributions								
c	Net investment earnings, gains, and losses								
þ	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses				-				
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
¢	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	and administered for	r the or	ganiza	ition		
	by:					_		- Ty	es No
	(i) unrelated organizations							3a(i)	
	(il) related organizations							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	ed on Schedule R?	•				3b	
4	Describe in Part XIII the intended uses of the	•							
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Part	X. line	10.			
	Description of property	(a) Cost or o) Accur		d T	(d) Book	value
		basis (investr		,	depr e c		_	1-7	
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. column (B), line	10c.)			▶		0.

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 ONE NATION		27-1937961 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	<u> </u>
b	Donated services and use of facilities	2b]
c	Recoveries of prior year grants	2c	
đ	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	_	
а	Investment expenses not included on Form 990, Part Vill, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per l	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	28	<u>.</u> · · · ·
b	Prior year adjustments	2b	4 :- : :
c	Other losses	2c	_
d	Other (Describe in Part XIII.)	2d	.
0	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
b	Other (Describe in Part XIII.)	4b	4 1
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I		4; Part X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	ional information.	
_			
D.3.1	om v rasio 0.		
PA	RT X, LINE 2:		
wn.	ORGANIZATION HAS ADOPTED FASB ASC 740-10,	ACCOUNTING FOR	UNCERTATITY
TH	ORGANIZATION HAS ADOPTED PADD ACC 740 10,	ACCOUNTING TON	ONC MILITARY A
IN	INCOME TAXES, THAT STANDARD PRESCRIBES A C	OMPREHENSIVE MOI	DEL FOR HOW AN
-11	THOUGHT THE PROPERTY OF THE POST OF THE PO		
OR	SANIZATION SHOULD MEASURE, RECOGNIZE, PRESE	NT, AND DISCLOSI	E IN ITS
==:		·	
FI	NANCIAL STATEMENTS UNCERTAIN TAX POSITIONS	THAT AN ORGANIZA	ATION HAS
TA	KEN OR EXPECTS TO TAKE ON A TAX RETURN.		
			
	TOTAL PARTIES TO A		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 27-1937961 ONE NATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants Mail solicitations f Solicitation of government grants Internet and email solicitations ь c 「 Phone solicitations g Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (or retained by) (iii) Did fundraiser have custody or control of contributions (vi) Amount paid (Iv) Gross receipts (i) Name and address of individual to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No GROSS CONTRIBUTIONS - 45 N 58,128,899, X 58,128,899 HILL DRIVE, STE. 100, INTEGRATED CAMPAIGN SOLUTIONS 565,000. 0 565,000. 526 DAROCO AVENUE, CORAL х SOCKO STRATEGIES, LLC 57,500. 0 67,500 CATHEDRAL AVE NW. WASHINGTON, х 632,500. 57,496,399. 58,128,899. 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

A32081 10-03-18

27-1937961 Page 2 Schedule G (Form 990 or 990-EZ) 2018 ONE NATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progress ve bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes 8 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Yes No a is the organization licensed to conduct gaming activities in each of these states? b if "No," explain: Yes 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: Schedule G (Form 990 or 990-EZ) 2018 832082 10-03-18

Sch	nedule G (Form 990 or 990-EZ) 2018 ONE NATION	27-1937961 Pa	age 3
11		Yes L	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	∐ Yes L	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility	13b	96
	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:	
	Name		
	Address >		
			٦
158	a Boes the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	_i No
	of f "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo		
•	of gaming revenue retained by the third party >\$ and the anic	ABIL	
	of garning revenue retained by the third party:		
•	to 105, Girlet have been address of the time party.		
	Name >		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i		
	organization's own exempt activities during the tax year	.,	
P	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	and Part III, lines 9, 9b. 1	10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:	
	Mark Williams III		
/ -	(NAME OF PURPOSTORS, OROGIC COMPUTENCIAL		
()	I) NAME OF FUNDRAISER: GROSS CONTRIBUTIONS	,	
/ 7	() ADDODGE OF FINDDATED. AS N UTIL DOTUG COM 100 MADDON	DOM: 173 2010.	_
/ 1	I) ADDRESS OF FUNDRAISER: 45 N HILL DRIVE, STE. 100, WARRENT	ron, va 2018	<u>o </u>
_			
(]) NAME OF FUNDRAISER: INTEGRATED CAMPAIGN SOLUTIONS		
(1	I) ADDRESS OF FUNDRAISER: 526 DAROCO AVENUE, CORAL GABLES, I	FL 33146	
(]	I) NAME OF FUNDRAISER: SOCKO STRATEGIES, LLC		
8320	083 10-03-18 Schedule	G (Form 990 or 990-EZ	2018

Schedule G (Form 990 or 990-EZ) ONE NATION	27-1	937961	Page 4
Schedule G (Form 990 or 990-EZ) ONE NATION Part IV Supplemental Information (continued)			
(I) ADDRESS OF FUNDRAISER: 4323 CATHEDRAL AVE NW, WASHINGTON	, DC	20016	
SCHEDULE G, PART I, LINE 2B, COLUMN (IV):			
GROSS CONTRIBUTIONS RECEIVED FROM IN-PERSON SOLICITATIONS AN	<u>D</u>		
NON-GOVERNMENT GRANTS ARE NOT DIRECTLY TIED TO A SPECIFIC PR	OFESS:	IONAL	· · · · · ·
FUNDRAISER AND HAVE BEEN REPORTED ON SCHEDULE G IN THE TOTAL	AMOU	nts	
RECEIVED BY THE ORGANIZATION.			
			
			
			
			
			
			

² □ Employer identification number 27-1937961 Open to Public OMB No. 1545-0047 2018 Inspection (h) Purpose of grant or assistance X Yes CCIAL WELFARE SCCIAL WELPARE SOCIAL WELFARE SOCIAL WELFARE SOCIAL WELPARE SOCIAL WELFARE Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. o. 0 ď ď ٥. ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 1,000 000 1 600 000 200 450 000 400,000 100 000 250, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 54-1850126 501(C)(4) 27-0585219 501(C)(4) 82-1876204 501(C)(4) 27-2753378 501(C)(4) 501(C)(4) 52-0986195 501(C)(4) Enter total number of other organizations listed in the line 1 table 45 2261241 General Information on Grants and Assistance (B) criteria used to award the grants or assistance? ONE NATION 1200 NEW HAMPSHIRE AVE NW, STE 750 AMERICAN ECONOMIC PREEDOM ALLIANCE 1 (a) Name and address of organization STRATEGIES - 1130 CONNECTICUT AVE CITIZENS FOR A WORKING AMERICA 2101 CEDAR SPRINGS RD, STE 150 NW, STE 1201 - WASHINGTON, DC 1015 15TH STREET NW, STE 1000 CROSSROADS GRASSROOTS POLICY or government 429 N SAINT ASAPH STREET SECURE NEVADA'S FUTURE NATIONAL RIGHT TO LIFE WASHINGTON, DC 20036 ALEXANDRIA, VA 22314 SUSAN B ANTHONY LIST WASHINGTON, DC 20005 WASHINGTON, DC 20001 Name of the organization 512 10TH STREET NW Department of the Treasury DALLAS, TX 75201 SCHEDULE (Form 990) Part ≀ 20036

Schedule I (Form 990) (2018)

832101 11-02-18

Page 2 27-1937961

ONE NATION

Schedule I (Form 990) (2018)

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) SIGNED AGREEMENT AND A LETTER OF TRANSMITTAL INDICATING THAT THE FUNDS ARE ORGANIZATIONS PRIOR TO MAKING ANY GRANTS TO ENSURE THAT FUNDS ARE USED FOR TO BE USED ONLY FOR PURPOSES CONSISTENT WITH THE ORGANIZATION'S TAX-EXEMPT Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. APPROPRIATE SECTION 501(C)4-RELATED PURPOSES. GRANTS ARE ACCOMPANIED BY A ONE NATION CAREFULLY EVALUATES THE MISSIONS AND ACTIVITIES OF RECIPIENT (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, LINE 2: PURPOSE Part III

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization ONE NATION

Employer identification number 27-1937961

				Yes	No
1a	Check the appropriate box(es) if the organization provide	ed any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide a	any relevant information regarding these items.	1 :-		
	First-class or charter travel	Housing allowance or residence for personal use	1.0		
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
.	If any of the haves on line to are should did the				
9	If any of the boxes on line 1a are checked, did the organ		1		ŀ
2	reimbursement or provision of all of the expenses descri		1b	ļ	
2	The state of the s		-		ł
	trustees, and officers, including the CEO/Executive Direct	ctor, regarding the items checked on line 1a?	2		-
3	Indicate which, if any, of the following the filing organizate	tion used to establish the compensation of the organization's			
		eck any boxes for methods used by a related organization to			1
	establish compensation of the CEO/Executive Director, t				1
	X Compensation committee	X Written employment contract			١.
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
	<u>-</u>			٠.	•
4	During the year, did any person listed on Form 990, Part	VII. Section A. line 1a, with respect to the filling			
	organization or a related organization:	The state of the s			1
a	Receive a severance payment or change-of-control paym	ent?	4a		X
	Participate in, or receive payment from, a supplemental r		4a 4b		X
	Participate in, or receive payment from, an equity-based		46 4c	-	X
	If "Yes" to any of lines 4a-c, list the persons and provide		4C		┢╇
	,	The appropriate and district and the second			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organi	zations must complete lines 5-9.			ĺ
5	For persons listed on Form 990, Part VII, Section A, line	a, did the organization pay or accrue any compensation			
	contingent on the revenues of:				
a	The organization?		5a		х
b	Any related organization?		5b		x
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensation			ĺ
	contingent on the net earnings of:	, ,			l
а	The organization?		6a		х
b	Any related organization?		6b		X
	If "Yes" on line 6a or 6b, describe in Part III.		1		
7	For persons listed on Form 990, Part VII, Section A, line 1	a, did the organization provide any nonfixed payments			l
	not described on lines 5 and 6? If 'Yes,' describe in Part	III	7		х
8	Were any amounts reported on Form 990, Part VII, paid of				
	initial contract exception described in Regulations section	n 53.4958-4(a)(3)? If "Yes." describe in Part III	8		x
9	If "Yes' on line B, did the organization also follow the reb	uttable presumption procedure described in	-		4
	Regulations section 53.4958-6(c)?	, process a managed R1			
	For Paperwork Reduction Act Notice, see the Instruc		8		

ONE NATION Schedule J (Form 990) 2018

Page
Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(0-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	compensation	Denems	(c)+()(g)	in column (B) reported as deferred on prior Form 990
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Schedule J (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ONE NATION

Employer identification number 27-1937961

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVOCATE POLICY OUTCOMES ON PENDING LEGISLATIVE AND REGULATORY ISSUES SUCH AS: HEALTH CARE REFORM, TAXES, SPENDING AND DEFICITS. CONGRESSIONAL REFORM AND ENERGY AND ENVIRONMENT. THE PURPOSE OF THESE ISSUE ADVOCACY AND GRASSROOTS LOBBYING ACTIVITIES IS TO PROMOTE POLICIES THAT STRENGTHEN THE NATION'S ECONOMY, REDUCE REGULATION OF PRIVATE SECTOR ACTIVITY, AND RESTORE GOVERNMENT TO A SOUND FINANCIAL FOOTING. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRIVATE CITIZENS TO DETERMINE THE DIRECTION OF GOVERNMENT POLICYMAKING RATHER THAN BEING THE DISENFRANCHISED VICTIMS OF IT. THROUGH ISSUE RESEARCH, PUBLIC COMMUNICATIONS, EVENTS WITH POLICYMAKERS, AND OUTREACH TO INTERESTED CITIZENS, ONE NATION SEEKS TO ELEVATE UNDERSTANDING OF CONSEQUENTIAL NATIONAL POLICY ISSUES, AND TO BUILD GRASSROOTS SUPPORT FOR LEGISLATIVE AND POLICY CHANGES THAT PROMOTE PRIVATE SECTOR ECONOMIC GROWTH, REDUCE NEEDLESS GOVERNMENT REGULATIONS, IMPOSE STRONGER FINANCIAL DISCIPLINE AND ACCOUNTABILITY ON GOVERNMENT, AND STRENGTHEN AMERICA'S NATIONAL SECURITY. FORM 990, PART VI, SECTION B, LINE 11B: ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 BEFORE IT IS FILED WITH THE IRS. DURING THE REVIEW PROCESS THE BOARD DISCUSSES THE FORM 990 WITH

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

ACCOUNTANTS, COUNSEL AND THE CFO.

Schedule O (Form 990 or 990-EZ) (2018)

16031106 796448 09276

Schedule R (Form 990) 2018 (g) Section 512(b)(13) ş Employer identification number 27-1937961 Open to Public Inspection OMB No. 1545-0047 M controlled 2018 entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets Public charity status (if section 501(c)(3)) ê Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37. Total income Exempt Code Ē ▶ Go to www.irs.gov/Form990 for instructions and the latest information. section 501(c)(4) Ī Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ■ Attach to Form 990. Û VIRGINIA Primary activity Primary activity € SOCIAL WELFARE For Paperwork Reduction Act Notice, see the Instructions for Form 990. ONE NATION CROSSROADS GRASSROOTS POLICY STRATEGIES Name, address, and EIN (if applicable) 27-2753378, 45 N HILL DRIVE, STE 100 Name, address, and EIN of related organization of disregarded entity WARRENTON, VA 20186 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part Part

Page 2

Schedule R (Form 990) 2018 ONE NATION 27–1937961.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(g)	(6)	þ		(9)	9	(0)	ŝ		9	8	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	trolling y	Predomin (related, excluded fri sections	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproper abcods	No 20 of K-1 (F)	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership perinary
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Part IV Identification of Related Organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (d) (e) (f) (f) (g) (f) (f) (g) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	panizations Taxable a povation or frust durin	s a Corpo g the tax y Prima	orporation or Trust. Cottax year. (b) Primary activity	Complete if the (c) (c) (state or foreign country)	ne organization and (d) Oirect controlling entity	ranswered "Yes" on For	s" on Form 99	990, Part IV, lin	(g) Share of end-of-year assets	use it had on	ad one or mor (h) Percentage ownership	(i) Section 5:1200(13) conveiled entity Vec. No.
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832182 10-02-18				u						Schedule	R (Form	Schedule R (Form 990) 2018

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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b Git, grant or capital combination to related organization(s) 1 Lours or comparation of the comparation of	During the tax year, did the organization engage in any of	ons with one or more	elated organizations listed	in Parts II-IV?		11
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Schedule R (Form 990) 2018 ONE NATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a)	a	©	ভ	(E. S.)	E	6)	£	8	8	8
ivaine, address, and EIN of entity	Primary activity	흥혈	Predominant income (related, unrelated, excluded from tax under	partinens sec. 501 (c)(3) 0195.7	Share of total	Share of end-of-year	Disprepor- tionate allocations?	amount in box 20 managing ownership	General or menaging pertoer?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	(Form 1065)	Yes No	
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Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 ONE NATION	27-1937961 Page s
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	

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Form **8868** (Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ▶ File a separate application for each return.
 ▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic tiling (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					Enter filer's identifying number		
Type or	or Name of exempt organization or other filer, see instructions.			Employ	Employer identification number (EIN) or		
print							
File by the	ONE NATION		_	27-1937961			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 45 N HILL DRIVE, STE. 100			Social s	Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. F WARRENTON, VA 20186			•			
Enter the	Return Code for the return that this application is	for (file a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For	For Code Is For			Code			
Form 990	orm 990 or Form 990-EZ 01 Form 990-T (corporation)		· · · · · · · · · · · · · · · · · · ·	07			
Form 990-BL		02	Form 1041-A	08			
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11	
Form 990	Form 990-T (trust other than above) 06 Form 8870					12	
● If this is box ▶ [1	rganization does not have an office or place of buston a Group Return, enter the organization's four . If it is for part of the group, check this box quest an automatic 6-month extension of time untiorganization named above. The extension is for the calendar year 2018 or tax year beginning. The tax year entered in line 1 is for less than 12 months. Change in accounting period.	digit Group Exe and atta NOVEN e organization's , an	mption Number (GEN) ch a list with the names and EiNs IBER 15, 2019 , to return for: d ending	of all memb	ers the exten	sion is for.	
3a If th	is application is for Forms 990-BL, 990-PF, 990-T,	4720, or 6069, e	nter the tentative tax, less				
any	nonrefundable credits. See instructions.	_		3a	\$	0.	
b If this application is for Forms 990 PF, 990 T, 4720, or 6069, enter any refundable credits and						··	
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.	
c Bak	ance due. Subtract line 3b from line 3a. Include yo	our payment with	this form, if required, by				
Usin	g EFTPS (Electronic Federal Tax Payment System	 See instruction 	ns.	3c	\$	0.	
TOU GOUGH				8453-EO an	d Form 8879	EO for payment	
LHA Fo	or Privacy Act and Paperwork Reduction Act No	tice, see instru	ctions.		Form 88	368 (Rev. 1-2019)	

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